



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Petitioner	Petitioner
Full legal name	John Dempsey Hospital	
Doing Business As		
Name of Parent Corporation	University of Connecticut Health Center University of Connecticut State of Connecticut	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	263 Farmington Avenue Farmington, CT 06030-3802	
Petitioner type (e.g., P for profit and NP for Not for Profit)	State agency	
Name of Contact person, including title	James Thibeault Director of Planning	
Contact person's street mailing address	263 Farmington Avenue Farmington, CT 06030-3802	
Contact person's phone, fax and e-mail address	Phone: 860-679-8780 Fax: 860-679-1135 Email: Thibeault@uchc.edu	

SECTION II. GENERAL APPLICATION INFORMATION**a. Proposal/Project Title:**

Replacement of Linear Accelerator

b. Type of Proposal, please check all that apply:

☐ **Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:**

- | | | |
|--|---|---|
| <input type="checkbox"/> New (F, S, Fnc) | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in
Ownership/Control |

☐ **Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:**

- ☒ **Project expenditure/cost cost greater than \$ 1,000,000**
- ☒ **Equipment Acquisition greater than \$ 400,000**

Medical

- | | | |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> New | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Major |
| <input type="checkbox"/> Imaging | <input checked="" type="checkbox"/> Linear Accelerator | |

☐ **Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000**

c. Location of proposal (Town including street address):

263 Farmington Avenue
Farmington, Connecticut

d. List all the municipalities this project is intended to serve:

Please for refer to Attachment A for a list of municipalities this project will primarily serve.

e. Estimated starting date for the project: December, 2006

- f. **Type of project: #13, Oncology Services** (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. **Estimated Total Capital Expenditure: \$ 3,700,000**
- b. **Please provide the following breakdown as appropriate:**

Construction/Renovations	\$ 500,000
Medical Equipment (Purchase)	\$3,200,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$3,700,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$3,700,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Linear Accelerator	Tomotherapy	Hi-Art System	1	\$3,200,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☒ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: John Dempsey Hospital

Project Title: Replacement of Linear Accelerator

I, Steven Strongwater, MD, Hospital Director
(Name) (Position – CEO or CFO)

of John Dempsey Hospital being duly sworn, depose and state that the

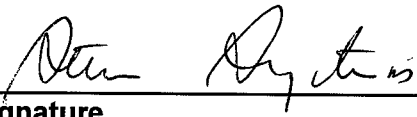
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to

the best of my knowledge, and that John Dempsey Hospital complies with the appropriate and

(Facility Name)

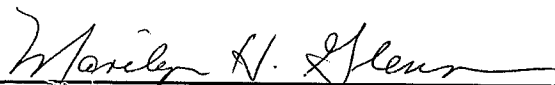
applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486

and/or 4-181 of the Connecticut General Statutes.


Signature

5/18/06
Date

Subscribed and sworn to before me on 5/18/06



Notary Public/Commissioner of Superior Court **MARILYN H. GLENN**
NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 31, 2008

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Attachment A

John Dempsey Hospital
Primary and Secondary Service Area Cities and Towns

Primary Service Area

Avon
Bloomfield
Burlington
Canton
East Hartford
Farmington
Granby
Hartford
New Britain
Newington
Simsbury
West Hartford

Secondary Service Area

Barkhamsted
Berlin
Bristol
Cromwell
East Granby
East Windsor
Glastonbury
Hartland
Harwinton
Litchfield
Manchester
New Hartford
Plainville
Plymouth
Rocky Hill
South Windsor
Southington
Torrington
Vernon
Wethersfield
Winchester
Windsor

Project Description

Applicant: John Dempsey Hospital

Project Title: Linear Accelerator (Tomotherapy)

John Dempsey Hospital is the acute care general hospital associated with the UConn Health Center. The leadership of the UConn Health Center is engaged in a strategic planning process with the input of community leaders and State officials. The resulting Plan is focused around four "Signature Programs." The Signature Programs represent areas of significant research and clinical excellence. John Dempsey Hospital, UConn Medical Group, and the School of Medicine will integrate education, research, and clinical initiatives to develop the Signature Programs. One of those Programs is Cancer. UCHC has invested in research faculty and laboratory infrastructure in cell biology and cancer. In order to develop the clinical component of the Program expansion of existing clinical technologies is needed.

John Dempsey Hospital (JDH) has two linear accelerators used in the treatment of cancer. One accelerator is a two (2) year old machine with intensity modulated radiation therapy (IMRT) capability and portal imaging, but without image guided radiation therapy (IGRT) capability. This machine currently provides the majority of the radiation treatments delivered at JDH but it cannot be upgraded to IGRT.

The second linear accelerator is being proposed for replacement. This unit is twelve (12) years old and does not have technologies needed for program development and state of the art patient care, such as IMRT, portal imaging, and IGRT capability. This accelerator supports our stereotactic radiation program, but the unit is outdated and does not have the capacity to support the Signature Program development of JDH or the radiation oncology needs of the Farmington Valley and the region. John Dempsey Hospital proposes to replace the twelve (12) year old linear accelerator with a Tomotherapy unit.

A Tomotherapy unit is a state of the art radiation oncology treatment machine (linear accelerator) that incorporates exciting new technologies. Tomotherapy is a technique involving dynamic, rotational Intensity Modulation Radiation Therapy (IMRT). Helical Tomotherapy is treatment delivered with the gantry and couch in simultaneous motion similar to a helical CT scanner. The HI-ART™ system (TomoTherapy Inc, Madison WI) is the only helical Tomotherapy system in clinical use. Since the unit is built around a CT gantry frame, this allows accurate and seamless IGRT capability as well. The clinical advantage of Tomotherapy includes the ability to maximize radiation exposure to the target tissue (tumor) while reducing exposure to adjacent normal tissues to an unprecedented extent compared to more conventional IMRT systems currently available. This allows efficacious radiation delivery to a group of patients currently not optimally treated by currently available treatment units. The new Tomotherapy unit will enable the delivery of intensity modulated radiation therapy (IMRT) with unprecedented capability and accuracy and is a technology that is not currently available in Connecticut or the New England region. John Dempsey Hospital was the Connecticut pioneer of stereotactic brain and head and neck radiosurgery and radiotherapy using IMRT. This unit allows further refinements and improvement in our IMRT capability and advancement of the stereotactic radiation program.

Under this proposal, the Tomotherapy unit, with its superior IMRT with Image guidance capability, will be used for the majority of John Dempsey's IMRT cases, and all stereotactic cases. The existing two year old unit will be used for less sophisticated IMRT cases, conventional 3D treatment, and palliative care. In addition, the new unit will provide us with some redundancy in IMRT capability so that if one unit is temporarily out of commission for a period of days we can switch some patient treatments to the functional machine.